

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/463527
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4		3	1			
5						
6		1	1			
7		1	1			
8		1	1			
9		1	1			
10		1	1			
11		1	1			
12		1	1			
13		1	1			
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TOTAL IND.	1					
TOTAL DEP.	1					
TOTAL CLAIMS	1					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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